

STATE OF NEW JERSEY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
Enforcing the Underage Drinking Laws Grant Program
Quarterly Financial Report - Detailed Cost Statement

Subgrant #:**Agency**

Project Title: **Enforcing the Underage Drinking Laws**

Quarterly Report # _____ from: _____ to: _____
(list date) (list date)

Section A

| BUDGET CATEGORIES | SECTION 1 APPROVED PROJECT BUDGET | | SECTION 2 THIS REPORT PERIOD'S EXPENDITURES | | SECTION 3 CUMULATIVE EXPENDITURES | | SECTION 4* CURRENT UNPAID OBLIGATIONS | |
|------------------------|---|-------|---|-------|---|-------|---|-------|
| | FEDERAL | MATCH | FEDERAL | MATCH | FEDERAL | MATCH | FEDERAL | MATCH |
| A. Salaries and Wages | | | | | | | | |
| Fringe Benefits | | | | | | | | |
| B. Contractual | | | | | | | | |
| C. Travel | | | | | | | | |
| D. Consumable Supplies | | | | | | | | |
| E. Other | | | | | | | | |
| F. Equipment | | | | | | | | |
| G. Indirect Costs** | | | | | | | | |
| TOTALS | | | | | | | | |

* Required on all reports. Amounts must be entered on report for last project month if additional expenditures are anticipated

Agency:

Subgrant #

CASH REPORT

**FEDERAL
(ONLY)**

**MATCH (if required)
(ONLY)**

1. Project Status: __Ready to Begin __ In operation __ Completed
2. Cash on Hand-beginning of period (Line 6, previous report)
3. ADD: Cash received during period by subgrantee.
4. SUBTOTAL: Cash available during period
5. DEDUCT: Cash disbursed during period (Side 1, Section 2)
6. SUBTOTAL: Cash on hand at end of period
7. DEDUCT: Current unpaid obligations (Side 1, Section 4)
8. BALANCE: Unobligated Cash on hand at end of period

[illegible]

CASH REQUEST

9. Anticipated expenditures* of cash during the next period

*(DO NOT INCLUDE OBLIGATIONS FROM #7 ABOVE)

10. DEDUCT: Unobligated cash on hand (Line 8, above)
11. Cash requested from OAG

For ABC Use

12. DEDUCT: Cash forwarded, not received by subgrantee
13. Cash to be forwarded by OAG
14. TOTAL FUNDING

Reviewed: _____ Approved: _____

Remarks:

SUBGRANTEE CERTIFICATION: I certify that this information is taken from the Books of Account, such costs are valid and consistent with the terms of the Subgrant and that project activity occurred as reflected in this report.

Project Director (Signature and Date) _____ Phone #: _____

Financial Officer (Signature and Date) _____ Phone #: _____